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STATISTICAL BULLETIN
Metropolitan Life Insurance Co.

VOL. IX APRIL, 1928 No. 4

MORTALITY EXPERIENCE OF THE FIRST QUARTER OF 1928

The mortality records of the Industrial policyholders of the Metropolitan Life Insurance Company show that the first quarter of 1928 shared with the corresponding period of 1927 the distinction of registering the lowest deathrate (9.7 per 1,000) ever recorded for these three months among the industrial populations of the United States and Canada. Among approximately 16,000,000 white insured persons, the rate was only 8.8—a new minimum; but among about two and one-half million colored persons, there was an increase to 15.9 per 1,000, from 15.5 last year; so that the composite figure for the two races showed no improvement. Altogether, the early 1928 health situation among wage-earners and their families is extremely satisfactory; and, based on what has happened in past years, this indicates that the current health of the general populations of the two countries has never been excelled during this period of the year; for the mortality experience of the Metropolitan Industrial policyholders, who comprise more than one-seventh of all the population, has always proved to be an excellent index of the health situation in general.

Analysis of the table on page 4 brings to light the favorable as well as a few unsatisfactory items in the health record of the first quarter of 1928.

Lowest Tuberculosis Deathrate on Record

Attention is directed, first of all, to the deathrate for tuberculosis among the white policyholders, 72.0 per 100,000. This is not only a new minimum for any first quarter, but shows an improvement of 11 per cent. over the previous minimum of 80.8 registered only last year. Within the brief period of two years the tuberculosis deathrate among white wage-earners has been cut by one-sixth. Only

five years ago, that is, in 1923, the first-quarter deathrate for tuberculosis among white persons was 106.3 per 100,000. Thus, in half a decade, it has been cut by approximately one-third. It has been almost halved since 1920. It is unfortunate that corresponding improvement has not been registered for the insured colored population, among whom there was actually a higher rate than during the early months of last year. But with the colored, also, the general picture for tuberculosis shows much improvement. Their rate of 229.3 for the quarter may be compared with 245.6 in 1923 and 310.1 in 1920. This is a drop of 26 per cent. in eight years, and indicates some progress in tuberculosis control among our urban negro population. On the other hand, the great difference in the amount of decline among the whites and the negroes points clearly to the field in which the anti-tuberculosis program must increase its effectiveness. Its campaign of education has evidently taken hold of the imagination of the whites to a much greater extent than that of the colored people. Greater progress will be made among the latter only when more cases are detected in their incipiency and given proper care; when the educational work of public and private health agencies is made more understandable to the negro; when the negro learns to appreciate, much more than at present, that better living and better hygienic conditions mean better health and longer life. An objective of the anti-tuberculosis movement might well be to bring about as great a decline in the deathrate among colored persons within the next ten years as has been accomplished among white persons in the last decade.

Communicable Diseases of Children

The mortality record for the quarter shows gratifying declines among both white and colored for typhoid fever, scarlet fever and whooping cough. The measles mortality shows a small drop for the whites and a large increase for the colored. The diphtheria situation is by no means encouraging, although the rate for the colored is lower than last year. The great bulk of the deaths from this disease affect white children, and among them the same upward tendency that prevailed in 1927 is still in evidence. Last year it was believed that the increase was only a temporary phase in a situation that had previously shown improvement for six continuous years. This viewpoint must now be discarded and a still more earnest campaign conducted for the immunization of children against this disease.

The increased prevalence of meningococcus meningitis, to which the UNITED STATES PUBLIC HEALTH Service has recently directed attention, has also been reflected in a rather marked increase in the deathrate among Metropolitan Industrial policyholders.

The combined mortality from influenza and pneumonia was a little higher than in the early part of 1927. Pneumonia, in particular, showed a considerable increase among the whites. Two other diseases of outstanding public health interest, diarrheal complaints and puerperal conditions, show improvement. In the case of the latter, the drop is considerable—more particularly among the colored.

Cancer Deathrate Still Increasing

Another year has begun with no improvement in evidence with respect to deaths from cancer. The composite rate for whites and colored persons during the first quarter was 75.3 per 100,000, as compared with 75.1 last year. Even this small increase is important, showing, as it does, that medical science is making no impress on the yearly death toll from malignant disease. It will be noted, nevertheless, that the deathrate for the whites declined a little during last year, and that, but for a very pronounced rise among the colored policyholders, the composite rate would have dropped slightly.

Increase in Diabetes Deathrate

The mortality from diabetes continues to increase—very slightly among the whites, but pronouncedly among the negroes. The conclusion that little benefit has as yet come to the urban negro as the result of the discovery of insulin, is inescapable. Insured, that is, urban negroes not only show a sharply increasing diabetes deathrate, but their rate is now higher than that of the whites. Ten and fifteen years ago the contrary was true. In the general population, the diabetes deathrate among negroes has always been very much lower than for the whites.

The combined deathrate for the three principal degenerative diseases ran much higher than in the first quarter of 1927.

No Improvement in Alcoholism Deathrate; Decline for Cirrhosis of Liver

Alcoholism caused 144 deaths during the quarter as compared with 140 during the same period of last year. The rate (3.2 per 100,000) is unchanged. The mortality from this disease, nevertheless, improved somewhat among the white insured, but among the colored it increased from 4.3 in 1927 to 5.8 in 1928. Of the 144

deaths, 142 occurred in the United States and two in the Canadian province of Ontario. Since January 1, 1922, 3,042 deaths from alcoholism have been reported among Metropolitan Industrial

Deathrates per 100,000 Persons Exposed. First Quarters of 1926, 1927 and 1928 Compared. By Color for Principal Causes of Death. Metropolitan Life Insurance Company, Weekly Premium Paying Industrial Business

CAUSE OF DEATH	DEATHRATES PER 100,000 PERSONS EXPOSED					
	WHITE			COLORED		
	Jan.-Mar.,'28	Jan.-Mar.,'27	Jan.-Mar.,'26	Jan.-Mar.,'28	Jan.-Mar.,'27	Jan.-Mar.,'26
ALL CAUSES OF DEATH	879.9	885.9	987.4	1,592.6	1,549.8	1,675.0
Typhoid fever	1.5	2.3	2.7	2.2	6.5	5.4
Measles	5.6	6.5	16.6	4.5	2.5	9.7
Scarlet fever	4.1	4.8	5.1	1.5	1.6	1.3
Whooping cough	4.9	6.7	9.7	6.7	9.9	10.5
Diphtheria	14.0	12.6	10.9	6.4	8.1	5.6
Influenza	25.5	26.4	43.5	63.4	60.5	92.1
Meningococcus meningitis	1.4	1.0	.7	1.7	1.3	.4
Tuberculosis—all forms	72.0	80.8	85.9	229.3	217.3	231.0
Tuberculosis of respiratory system	63.6	70.8	76.2	200.1	191.8	202.3
Tuberculosis of the meninges, etc	4.0	4.8	4.2	7.0	6.3	9.2
Other forms of tuberculosis	4.4	5.2	5.5	22.2	19.2	19.5
Cancer	74.9	76.3	74.1	77.4	66.8	67.6
Diabetes	18.9	18.1	19.4	23.0	20.5	15.7
Alcoholism	2.8	3.0	3.8	5.8	4.3	5.2
Cerebral hemorrhage; apoplexy	54.4	52.7	58.7	100.1	104.3	108.6
Organic diseases of the heart	141.2	136.9	149.1	237.5	206.3	217.0
Total respiratory diseases	120.0	117.4	154.7	248.0	238.1	309.7
Bronchitis	5.0	5.3	6.7	6.5	10.6	9.9
Bronchopneumonia	43.3	46.2	61.3	82.6	76.5	109.2
Pneumonia—lobar and undefined	62.9	57.7	78.2	143.8	140.0	176.6
Other diseases of respiratory system	8.8	8.2	8.5	15.1	11.0	14.0
Diarrhea and enteritis	14.2	15.1	16.9	14.1	15.6	17.8
Under 2 years	11.7	12.0	14.5	8.6	10.2	12.9
2 years and over	2.5	3.1	2.4	5.5	5.4	4.9
Acute nephritis	4.1	3.9	4.9	15.5	14.9	15.7
Chronic nephritis (Bright's Disease)	70.2	68.8	76.0	139.6	137.9	139.1
Total puerperal state	13.2	14.4	15.5	19.1	24.4	24.2
Puerperal septicemia	4.9	5.6	6.1	7.9	12.0	10.4
Puerperal albuminuria & convulsions	2.8	2.9	3.6	4.3	5.2	6.7
Other diseases of puerperal state	5.5	5.9	5.8	6.9	7.2	7.1
Total external causes	64.3	66.7	64.2	105.4	117.4	112.9
Suicides	8.1	8.5	7.4	6.2	7.7	4.3
Homicides	2.4	3.0	2.8	31.9	36.5	32.2
Accidental and unspecified violence	53.8	55.2	54.0	67.3	73.2	76.4
Accidental drowning	2.7	2.6	2.6	1.9	3.2	1.9
Automobile accidents	14.0	12.8	12.2	15.1	14.4	11.0
All other and ill-defined causes of death	172.7	171.5	175.0	291.4	291.6	285.5

policyholders, of which 3,010 occurred among approximately 17,000,000 persons exposed to risk in the United States, and only 32 among more than 1,000,000 policyholders in Canada.

The deathrate from cirrhosis of the liver, which is closely associated with alcoholism, was 5.9 per 100,000 as compared with 6.5 for the first quarter of 1927. Deaths from wood and denatured alcohol poisoning, on the other hand, increased from 9 during the first three months of 1927 to 11 during these months of 1928.

Fewer Suicides, Homicides and Fatal Accidents

The general picture for violent deaths shows considerable improvement over the first quarter of 1927. Suicides, homicides and accidents all registered lower deathrates for both the white and the colored policyholders, with the greater improvement in each instance resting with the latter.

Automobile Fatalities Again Increase

The usual unfavorable report must again be made with respect to automobile fatalities. The deathrate for the whites increased 9.4 per cent. over that for the first quarter of 1927 and 14.8 per cent. over 1926. For the negroes there was an increase of 5 per cent. over 1927 and 37.3 per cent. over 1926. Bad as the situation has been during past years, no prior year has opened as inauspiciously as has 1928 with respect to this type of fatality. The actual number of lives lost in automobile accidents among Metropolitan policyholders during the quarter was 643.

The table on page 4 presents the deathrates among white and colored policyholders, respectively, for the first three months of 1928, 1927 and 1926.

THE MONEY LOSS FROM CANCER*

In the Metropolitan Life Insurance Company we have for some years been engaged in studying the money value of human life. That is very natural because in an insurance company we protect families against the money losses which are involved in the destruction of human life. When a man in his prime dies, his family loses its source of support. It is essentially as if they had been drawing an income on invested capital, and that capital were suddenly wiped out. The sums involved are very considerable. For example, in a family where the income is $2,500 a year or fifty dollars a week, the

*A short radio talk given over station WOR by Dr. Louis I. Dublin, April 25, 1928.

death of the wage-earner is equivalent to a capital loss of about $30,000 to the family, because it would take just that much money, well invested, to produce the equivalent of this man's net earnings over and above his cost of living for the rest of his life. Few of us realize the value of human life until we meet with some misfortune which puts upon us the burden of replacing the productive man or woman.

Premature death is then, according to our calculations, a very serious source of income loss. We ordinarily overlook this fact because we look upon death as natural and inevitable. We forget that modern science has put in our hands knowledge and machinery by which we should be able to prevent many of the deaths under age sixty-five that actually take place. Perhaps the most important single cause of premature death, with a resulting loss of many years of life, is tuberculosis. Fortunately, this disease is rapidly coming under control, thanks to increased wages and to better facilities for teaching people how to keep well and for taking care of them when they get sick. The deathrate for tuberculosis is declining very rapidly, and it looks as though in ten or fifteen years we should find this a minor rather than a major disease. But the fact that so many of its victims die quite young makes tuberculosis a particularly heavy drain on the life and the earning capacity of the population, and, even after the great improvements that have taken place, tuberculosis today still causes economic losses running into billions of dollars.

Cancer is another major source of loss to the community, and, unfortunately, here we have increases to record, in recent years, instead of a decrease. Cancer, however, is a condition which occurs usually later in life, toward the end of the economically productive period, hence the economic losses involved are not quite so calamitous as in the case of tuberculosis. Nevertheless, even in this case, a very considerable number of deaths occur at younger ages, more perhaps than commonly supposed. For example, under 25 years of age, there are, every year, about 1,600 deaths from cancer; and, between 25 and 35 years of age, there are close to 3,000 deaths every year. Between 35 and 45, there are, every year, nearly 10,000 such losses of both men and women, more women than men. This means families broken up, widows compelled to find a new way of supporting themselves, children taken from school and all those disturbances and disarrangements of family life which come with the death of a parent. All such deaths involve serious money losses. The extent of this loss through cancer occurring among persons who are still

economically valuable can be estimated by computing the money loss in each age group. We find, for example, that deaths under 25 years of age involve losses of thirty-eight millions of dollars; between 25 and 35, of sixty-two millions of dollars; between 35 and 45 of one hundred and sixty millions of dollars; between 45 and 55, of two hundred and thirty-three millions of dollars, and so on up to age 75 where we estimate that the money value, that is, the earning power of the average man, is no longer appreciable. The important thing to remember is that the total runs up to six hundred and eighty millions of dollars, according to the figures of 1927. That is a considerable sum of money—six hundred and eighty millions of dollars. It is a tenth of the total value of all iron and steel manufactured in the United States. It is the same as though 300,000 men were out on strike for a year and not producing; it is as much as the total current income of the State of Louisiana. And this is not all. One of the worst features of cancer is the fact that its victims, before succumbing to the disease, pass through a long period of illness and suffering, during which they are continuously less productive and finally must take to their beds and become quite helpless, requiring the attention of nursing care, either professional or from some member of the family. The total loss from this phase of the disease is enormous, hardly calculable. At a very conservative estimate, the cost of medicine and nursing alone—that is, not counting loss in wages—is, at the very least, $1,000 per case. That means that the 110,000 cancer deaths involve a loss of an additional one hundred and ten million dollars, which, added to the six hundred and eighty millions, means practically eight hundred millions of dollars.

There are other items, but we have already given enough to show how important cancer is as a serious economic waste. If we had that much money loss every year through other forces of nature we would get busy and try to prevent it. Expert engineers and others would be asked to concentrate all their faculties on the problem; but with matters of human life we are not so careful nor so anxious. We lack the spirit of enterprise and of initiative; but we are getting there slowly. Already launched are organized efforts like the recent campaign of the AMERICAN SOCIETY FOR THE CONTROL OF CANCER. That is going to help by waking people up and telling the facts. We also have research agencies which work in medical centers for the study of cancer. But these are only a drop in the bucket; we are playing with toys when we should be using engines of a thousand horsepower. We have never properly realized the

economic consequences of the cancer situation and the enormous losses. There are few sources of loss to the community greater than disease, and we must be prepared to spend liberally in money, time and energy to solve the problem of its control. It can be done, but it will take time and money and the concentrated energy of the community. We have not properly realized how serious this all is, and we must organize agencies of research on a grand scale. Then the monster of cancer will surely, in time, be brought under control, just as the menace of other diseases has been. Therein lies our hope and our faith.

RABIES IN CHILDHOOD

More than usual prevalence of rabies within the past year, in several sections of the country, has resulted in the stricter enforcement by health and police authorities of approved measures for protecting human beings against infection from rabid animals. With this disease, all hope of saving lives necessarily rests on prevention, since rabies when once contracted is hopelessly incurable. The best preventive measure, obviously, is the strict enforcement of state or local regulations governing the general muzzling of dogs.

But there is one aspect of rabies prevention to which attention has not been generally directed; namely, that it is the children (and more especially the boys) who are the chief victims. The mortality figures for the United States Death Registration Area, covering a seven-year period, show that six deaths out of every ten from this disease occurred among children under fifteen, and that seven out of every ten of these deaths, in childhood, were those of boys. More deaths occur between five and ten years than in any other age group.

From the standpoint of mortality, then, rabies is almost as much a disease of childhood as scarlet fever. Not only are children, more frequently than adults, attacked by rabid dogs, but medical authorities have learned that the period of incubation, with them, is shorter. The inevitable result is that rabies develops more frequently because there is less time to get the child where protective inoculation may be given.

The stray dog is, of course, the greatest menace. If the children could be sufficiently impressed with the danger in "making friends" with stray dogs or with teasing their own pets, a distinctly forward step would be made in controlling human rabies. Private agencies, like child welfare organizations, parent-teachers societies and others,

could be of real assistance to the health authorities by insisting on a discussion of the danger of rabies in the schools.

The number of deaths, it is true, is not large. The latest available figures, relating to 1925, show 12 in Ohio, 7 in North Carolina, 6 in Tennessee and 5, each, in Missouri and Pennsylvania, with smaller numbers in other states. But the suffering and constant sense of impending danger, the occasional fits of furious mania caused by rabies are so terrible that it is possibly the most dreaded of all diseases. Reports from a number of states show that rabies, in animals, has increased appreciably in recent years. This means increased danger of infection in human beings.

DEATHRATE AMONG THE INDUSTRIAL POPULATIONS OF AMERICAN STATES AND CANADIAN PROVINCES

In the January STATISTICAL BULLETIN of this year, we called attention to the extraordinarily favorable mortality record during 1927 of the more than eighteen million Industrial policyholders of this Company. This report related to the group, as a whole, and made no reference to conditions in various parts of the country. In view of the fact that the policyholders of the Metropolitan are located in virtually every state of the Union, it is a matter of great interest to know how conditions vary from state to state and from region to region. We are fortunately able to give at this early date the rates of mortality for both white and colored policyholders in the several states and provinces.

These data should be extremely valuable to health officers and the press. To the first, they point out where work is most needed; to the second, they have a distinct value as the very first reliable index of comparative health conditions of different sections of the United States and Canada. These policyholders, even if they be almost altogether urban residents, comprise millions of men, women and children, and in the past, their mortality record has been found to reflect with great accuracy the prevailing health conditions in the entire population. It is confidently expected that when official statistics for these geographical areas become available in a year or more, they will tell virtually the same story.

The industrial populations of the cities of the Western Provinces of Canada during 1927 enjoyed the lowest deathrate (5.1 per 1,000) of any region of either the United States or Canada. The insured in western Canada constitute a new and prosperous population, and health conditions among them are far above the average for the

two countries. The four provinces showed a lower mortality rate than prevailed among the urban industrial population of any American state. In marked contrast to the very favorable health conditions prevailing during 1927 in the cities of western Canada, we find in the Eastern Provinces a higher rate (9.7 per 1,000) than was recorded for any other broad region of either country. In only one of these provinces, Ontario, is the deathrate low.

Next in order to western Canada come the Pacific Coast States with a deathrate of 6.8 and the Mountain States with 7.0. It is noteworthy that in the former group, California registered a rate of 7.0, a remarkably low figure in view of the high mortality from tuberculosis among persons who go there to prolong their lives. The relatively high deathrate in Colorado is due to this same cause.

New England, the West North Central and East North Central States are the other regions with lower deathrates last year than obtained in the American industrial population as a whole.

The highest mortality rate for any region within the United States last year was 9.5 per 1,000, as registered for the East South Central States. This was closely followed by 9.4 and 9.2 for the South Atlantic and West South Central States, respectively. The mortality in the Middle Atlantic States was also well above the average for the urban industrial population of the country, but the rate in New York was much lower than in either Pennsylvania or New Jersey.

The highest deathrates in individual states and provinces were those for Mississippi (13.4 per 1,000); South Carolina (13.3); Quebec (11.6); Maryland (10.3) and Nova Scotia (10.1).

As between the urban industrial populations of the United States and Canada, the latter registered much the higher deathrate. As noted above, however, this was due entirely to the extremely high mortalities prevailing in Quebec, Nova Scotia and New Brunswick.

The relative positions of the states in the table on page 11 will not differ materially, in all probability, from that to be shown for the general population—when the figures become available a year or more later. It should be remembered, nevertheless, that the accompanying table relates exclusively to the more than 18,000,000 Industrial policyholders of the Metropolitan Life Insurance Company, who live almost entirely in the cities. In a few states, more especially those with predominantly rural populations, the relative ranking may be found to differ somewhat from the table on page 11. In past years these differences have not been important.

Deathrates per 100,000 Persons Exposed. All Causes. All Ages. By Geographic Division, State and Province. Metropolitan Life Insurance Company. Industrial Department, 1927

Geographic Division	Deathrates per 100,000	
	White	Colored
Total Company	802.5[1]	1,450.7[2]
United States	788.6[3]	1,442.8[4]
New England	705.0	1,151.9
Maine	783.1	*
New Hampshire	723.4	*
Vermont	640.7	*
Massachusetts	693.4	1,175.0
Rhode Island	774.8	1,047.5
Connecticut	679.5	1,141.5
Middle Atlantic	834.1	1,257.2
New York	778.9	1,236.4
New Jersey	858.2	1,299.6
Pennsylvania	934.8	1,258.6
East North Central	726.3	1,306.5
Ohio	768.9	1,533.0
Indiana	798.1	1,229.2
Illinois	681.4	1,161.0
Michigan	778.8	1,651.9
Wisconsin	608.4	1,571.9
West North Central	710.3	1,379.2
Minnesota	540.6	1,295.5
Iowa	682.7	1,066.4
Missouri	756.6	1,470.2
Nebraska	551.5	1,278.5
Kansas	837.1	1,256.1
South Atlantic	940.8	1,828.0
Delaware	742.3	984.1
Maryland	1,028.7	1,924.5
Dist. of Columbia	735.7	1,398.4
Virginia	905.8	1,672.7
West Virginia	806.9	1,545.9
North Carolina	999.4	2,059.0
South Carolina	1,330.7	2,645.5
South Atlantic (*Cont.*)		
Florida	970.1	2,278.6
Georgia	900.0	1,945.6
East South Central	947.2	1,712.4
Kentucky	922.0	1,598.2
Tennessee	934.0	1,663.5
Alabama	957.4	1,821.3
Mississippi	1,344.6	*
West South Central	921.1	1,807.0
Arkansas	836.0	2,019.3
Louisiana	938.0	1,714.4
Oklahoma	953.6	1,860.1
Mountain	696.1	1,455.3
Montana	640.9	*
Idaho	755.8	*
Colorado	845.1	1,439.2
Utah	615.9	*
Pacific	680.1	1,043.2
Washington	599.2	1,479.5
Oregon	635.7	1,795.7
California	703.4	972.3
Canada	905.5[5]	1,725.0[5]
Eastern Provinces	969.3	*
Nova Scotia	1,005.2	*
New Brunswick	978.1	*
Quebec	1,157.2	*
Ontario	690.9	*
Western Provinces	513.3	*
Manitoba	438.5	*
Saskatchewan	617.8	*
Alberta	475.8	*
British Columbia	545.2	*

*Deathrate not calculated on account of small number of colored policyholders.

[1] Includes deaths of 836 white policyholders outside United States and Canada.

[2] Includes deaths of 157 colored policyholders outside United States and Canada.

[3] Includes deaths of 305 white policyholders in States not tabulated below.

[4] Includes deaths of 89 colored policyholders in States not tabulated below.

[5] Includes deaths in provinces not tabulated below (Prince Edward Island and Newfoundland).

The foregoing comparisons relate to white persons only. Among the more than two and one-half million colored Industrial policyholders, the deathrate was almost double that for the whites. For colored persons, the highest mortality in any broad region was 18.3 per 1,000 in the South Atlantic States. This was closely approached by 18.1 in the West South Central region. The East South Central States registered a rate of 17.1. Leaving out of consideration Canada and the Mountain States, where there are relatively few colored policyholders, the three regions noted above are the only ones in which the deathrate exceeded the average for the colored urban industrial population of the United States.

HEALTH RECORD FOR MARCH, 1928

The deathrate among the more than 18,000,000 Metropolitan Industrial policyholders in March was 10.3 per 1,000, which is the same as that for March, 1927. This is the lowest mortality figure ever recorded for this month among the Industrial populations of the United States and Canada. There was the expected seasonal rise as compared with February, due, for the most part, to much higher mortality from influenza, pneumonia, tuberculosis, heart disease and Bright's disease.

Comparison of the March rates for important causes with those for the same month of last year shows declines for three of the four principal epidemic diseases of children; also, for tuberculosis, cancer, diarrhea and enteritis, puerperal causes, suicides, homicides, accidents and automobile fatalities. The most noteworthy figure in the table on page 14 is the mortality rate for tuberculosis (100.1 per 100,000). This is a new low point, for March, for this disease, the previous March minimum (114.1) having been recorded only last year. This low rate for tuberculous disease is one of the best measures of the success which has attended the campaign against tuberculosis in America. It should be remembered that March and April are the months which register the maximum deathrates for tuberculosis year after year, whereas the lowest are almost always recorded in September. Only eight years ago, that is, in March 1920, the tuberculosis mortality rate among Metropolitan Industrial policyholders was 178.7 per 100,000 and the September figure was 116.1. Thus the deathrate, in 1928, *in the month of highest mortality*, has actually declined to a point below that recorded only eight years ago in the month of lowest mortality.

The March deathrates for heart disease, pneumonia and Bright's

disease were considerably higher than for the same month of last year and slight rises are in evidence for influenza, diabetes, cerebral hemorrhage and respiratory diseases other than pneumonia.

The general deathrate for the large cities of the United States and Canada was 14.8 per 1,000. This figure was somewhat higher than for February or for March, 1927. As compared with February, there was increased prevalence of influenza, measles, and smallpox, with fewer cases of diphtheria, poliomyelitis, scarlet fever and typhoid fever. As compared with March, 1927, there was more measles, poliomyelitis and smallpox, but less diphtheria, influenza, scarlet fever, and typhoid fever.

Diphtheria cases showed the greatest declines in Connecticut and Texas and the most pronounced drops in scarlet fever incidence were in Washington and Arkansas. Outbreaks of scarlet fever were reported from Erie, Pa. and a township adjoining West Orange, New Jersey. At South Orange, the High School and Seton Hall College were closed five days in advance of the Easter holidays as a precaution against the spread of this disease. The increase in smallpox cases during March was slight except in Nebraska and Arizona. Outbreaks were reported in Claxton, Georgia, in Eastern Ohio and nearby sections in West Virginia, and in a mining camp in Pennsylvania. Wholesale vaccination of more than 400 miners employed by the Pittsburgh Coal Company was started on March 27th, following this outbreak.

An important health activity of the month was the appointment of Dr. W. A. Davis as Registrar of Vital Statistics under the new vital statistics law in Texas and the organization of a campaign to increase the number of local registrars in that state to about 1,500. Early in March the Common Council of Troy, New York, passed an ordinance separating the Bureau of Health from the Department of Public Safety, and making it an independent department of the city government. A provision that the Commissioner can be removed only on charges, and after a hearing, is an excellent feature of the law.

The following table shows the mortality among the Industrial policyholders for March, 1928; February, 1928; March, 1927; and the year 1927.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes, Premium-paying Business in Industrial Department (Annual Basis)

MONTHS OF MARCH, 1928; FEBRUARY, 1928, AND OF MARCH, 1927

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED*			
	Mar. 1928	Feb. 1928	Mar. 1927	Year 1927†
TOTAL—ALL CAUSES	1,027.0	943.5	1028.5	885.4
Typhoid fever	1.3	1.7	3.0	4.6
Measles	7.7	4.2	7.9	4.1
Scarlet fever	3.4	4.4	4.9	3.1
Whooping cough	6.2	4.1	8.3	6.4
Diphtheria	11.4	12.6	11.3	10.5
Influenza	34.8	25.6	32.3	17.7
Tuberculosis (All forms)	100.1	89.5	114.1	93.3
Tuberculosis of resp'y system	88.6	78.6	100.3	81.7
Cancer	74.8	76.3	77.2	74.0
Diabetes mellitus	20.4	18.6	19.2	16.7
Cerebral hemorrhage	59.6	57.9	58.9	54.9
Organic diseases of heart	160.7	149.4	149.4	132.2
Pneumonia (All forms)	137.3	117.4	119.9	77.6
Other respiratory diseases	21.9	18.2	19.9	15.4
Diarrhea and enteritis	14.7	14.0	16.3	24.5
Bright's disease (Chronic nephritis)	82.3	75.5	79.6	69.3
Puerperal state	13.8	13.3	17.2	15.4
Suicides	9.3	7.0	9.9	8.3
Homicides	6.2	5.6	8.1	7.2
Other external causes (excluding suicides and homicides)	48.3	55.6	55.9	63.7
Traumatism by automobiles	11.2	15.8	12.3	18.3
All other causes	212.5	192.6	215.0	186.7

*All figures include infants insured under one year of age.

†Based on provisional estimate of lives exposed to risk in 1927.

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STATISTICAL BULLETIN,

Metropolitan Life Insurance Company,

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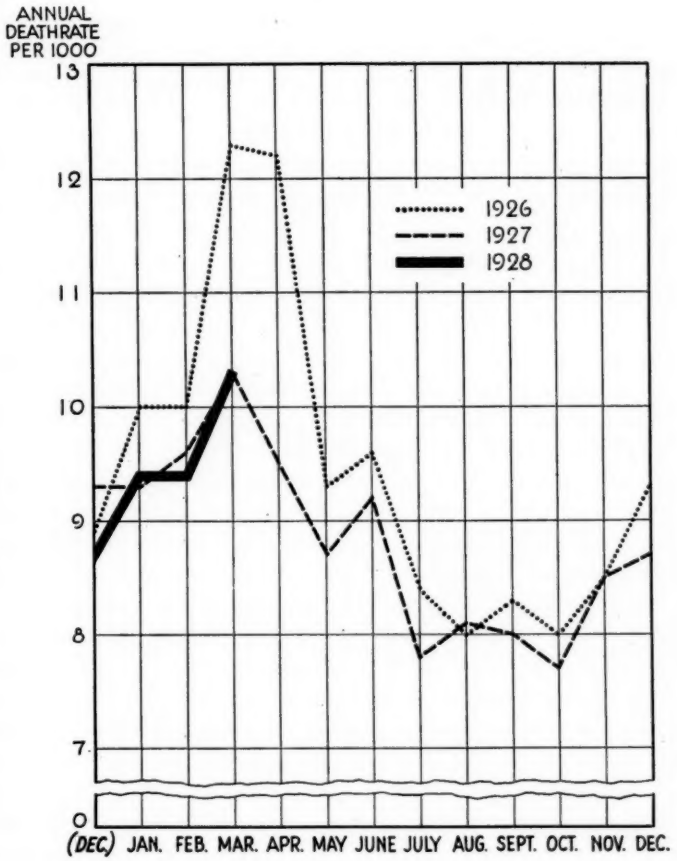
Deathrates from All Causes

METROPOLITAN LIFE INSURANCE CO.
INDUSTRIAL DEPARTMENT



1926	10.0	10.0	12.3	12.2	9.3	9.6	8.4	8.0	8.3	8.0	8.5	9.3
1927	9.3	9.6	10.3	9.5	8.7	9.2	7.8	8.1	8.0	7.7	8.5	8.7
1928	9.4	9.4	10.3									